#  Consultee declaration form (England and Wales)

Form to be on headed paper

Version 2, 6th January 2016

Identification and characterization of the clinical toxicology of novel psychoactive substances (NPS) by laboratory analysis of biological samples from recreational drug users.

*Consultee declaration Form*

Name of Lead Researcher: Dr

Name of potential participant

Please initial box

|  |  |  |
| --- | --- | --- |
|  | I understand that I am being consulted about [name of potential participant]’s participation in this research project, because he/she is not currently able to consent for him/herself  |  |
|  |  |  |
|  | I have read and understood the information sheet provided (Version 2, 6th January 2016). I have had the opportunity to ask questions about the study and understand what is involved. |  |
|  |  |  |
|  | I understand that participation is voluntary and that that he/she is free to withdraw at any time, without giving any reason, without his/her medical care or legal rights being affected. I also understand that they will be asked to give consent for themselves or decline participation when they are able. |  |
|  |  |  |
|  | I understand that sections of his/her medical notes may be looked at by responsible individuals from the participating or sponsoring NHS Trusts or from regulatory authorities where it is relevant to him/her taking part in research.  |  |
|  |  |  |
|  | In my opinion he/she would have no objection to taking part in the above study. |  |

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Name of consultee (please print) Date Signature

Relationship to participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person undertaking consultation (please print) Date Signature

When completed: one copy to patient; original copy to Site Investigator File; one copy for medical records. THANK YOU